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IN THE US PATENT AND TRADEMARK OFFICE

Application Number: 10/627,412
Filing Date: July 25, 2005
Applicant: Kevin McGhie
Application Title: VENT FOR CORRUGATED WALL
Examiner: Derek Boles
Art Unit: 3749

Certificate of FASCIMILE TRANSMISSION	
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JOSHUA D. ISENBERG	
NAME OF PERSON SIGNING	

AMENDMENT

Commissioner of Patents and Trademarks
Washington, DC 20231

Sir:

In response to the Office Action Mailed September 22, 2004 in the above application, kindly amend the application as follows.

AMENMENTS TO THE SPECIFICATION begin on page 2 of this amendment.

AMENDMENTS TO THE CLAIMS begin on page 3 of this amendment.

REMARKS begin on page 6 of this amendment.

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TRANSMITTAL FORM (for all correspondence after initial filing)	Attorney Docket No. KMG-001	Total Pages 13
	Application Number 10/627,412	
	Filing Date JULY 25, 2003	
	First Named Inventor KEVIN MCGHIE	
	Group Art Unit 3749	
	Examiner DEREK BOLES	

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	<input type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Applicant Claims Small Entity Status
<input checked="" type="checkbox"/> Fee Attached: Credit Card Payment Form	<input type="checkbox"/> Declaration by Inventors
<input checked="" type="checkbox"/> Response/Amendment	<input type="checkbox"/> Assignment papers
<input type="checkbox"/> After Final Rejection	<input type="checkbox"/> Power of Attorney by Assignee
<input type="checkbox"/> After Allowance communication to Group	<input type="checkbox"/> IDS/PTO-1449
<input type="checkbox"/> with Annotated Drawing(s) Total Sheets: []	<input type="checkbox"/> with copies of cited references
<input type="checkbox"/> with Replacement Sheet(s) Total Sheets: []	<input type="checkbox"/> New Power of Attorney and Revocation of Old
<input type="checkbox"/> with Affidavits/Declarations	<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Extension of Time Request ()	<input type="checkbox"/> Other:
<input type="checkbox"/> Terminal Disclaimer under 37 CFR 1.321(c)	
<input type="checkbox"/> Express Abandonment Request	

SIGNATURE OF ATTORNEY	
NAME	JOSHUA D. ISENBERG, REG. NO. 41,088
Signature	<i>Joshua D. Isenberg</i>
Date	1/21/2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**60****Complete if Known**

Application Number	10/627,412
Filing Date	July 25, 2003
First Named Inventor	Kevin McGhie
Examiner Name	Derek Boles
Art Unit	3749
Attorney Docket No.	KMG-001

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1-mo. extension of time

Fees Paid (\$)

\$60

SUBMITTED BY

Signature	Joshua D. Leberberg	Registration No. (Attorney/Agent)	Telephone (510)-896-8328
Name (Print/Type)	Joshua D. Leberberg	Date	1/21/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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